

Mail Recorded Deed & Tax Notice To:  
Sean O'Brien  
2500 E. Olympus Dr.  
Holladay, UT 84124

14178884 B: 11458 P: 3563 Total Pages: 5  
11/27/2023 03:17 PM By: vanguyen Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.  
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121



File No.: 172653-PCP

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## **CORRECTIVE PERSONAL REPRESENTATIVE'S DEED\*\***

This Deed made by **Sean O'Brien**, as Personal Representative of the Estate of **Verl R. O'Brien aka Verl Rich O'Brien** (also known as **Verl R. O'Brien** and is known on the attached Death Certificate as **Verl Rich O'Brien**),

**GRANTOR(S)**, of Holladay, State of Utah,

**to Sean O'Brien and Devon Colin O'Brien, as Co-Trustees of The 2016 Amended and Restated Verl R. O'Brien Revocable Trust, dated May 18, 2000, as amended on June 5, 2006, and November 12, 2010,**

**GRANTEE(S)**, of Millcreek, State of Utah

Whereas, Grantor is the qualified personal representative of said estate as shown in the Letters of Administration or Letters Testamentary, filed as Probate Number 213902158 in the Third District Court, Utah:

Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in **Salt Lake County, State of Utah**:

**SEE EXHIBIT "A" ATTACHED HERETO**

**TAX ID NO.:** 16-35-276-037 and 16-35-276-039 (for reference purposes only)

**SUBJECT TO:** Property taxes for the year 2024 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

**\*\*The Corrective Personal Representative's Deed is being recorded to remove the middle initial of the Personal Representative that was erroneously added to the Personal Representative's Deed recorded as Entry Number 14171456. The Letters Testamentary do not include the middle initial of the Personal Representative.\*\***

Dated this 22nd day of November, 2023.


Estate of Verl R. O'Brien aka Verl Rich O'Brien

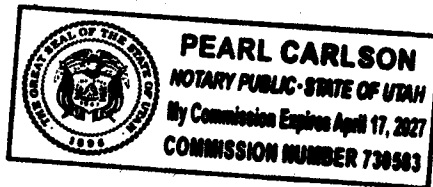
BY:   
Sean O'Brien  
Trustee

STATE OF UTAH

COUNTY OF SALT LAKE

On this 22 day of NOV., 2023, before me, personally appeared Sean O'Brien, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged before me that he/she/they executed the same as Personal Representative on behalf of The Estate of Verl R. O'Brien aka Verl Rich O'Brien.

  
Notary Public



*April 17, 2027  
730583*

## EXHIBIT A

### PARCEL 1:

Beginning at a point South 00°31'14" West 1,085.76 feet and North 47°04'50" West 321.22 feet and North 71°08'22" West 135.08 feet and North 86°00'00" West 109.68 feet and South 00°31'14" West 145.96 feet from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence North 77°06'00" West 79.37 feet along the South property line of the Nelson tract; thence North 29.18 feet to the centerline of Millcreek Stream; thence North 86°15'00" East along the centerline of said stream 38.0 feet; thence South 73°12'00" East 41.56 feet along said centerline to the Nelson East property line; thence South 00°31'14" West 37.37 feet to the point of beginning.

### PARCEL 2:

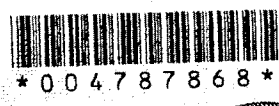
Beginning at the Southeast corner of Coons property description, said point being South 00°31'14" West 1,085.76 feet and North 47°04'50" West 321.22 feet and North 71°08'22" West 135.08 feet and North 86°00'00" West 20.15 feet and Easterly 0.64 feet and South 00°31'14" West 223.93 feet from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence North 30°00'00" West 84.92 feet; thence North 77°06'00" West 47.99 feet; thence North 00°31'14" East 38.06 feet to the centerline of Millcreek Stream; thence along said centerline of Millcreek Stream the following (7) courses; (1) South 72°00'00" East 38.0 feet; (2) South 54°00'00" East 21.0 feet; (3) South 36°00'00" East 18.0 feet; (4) South 23°00'00" East 26.0 feet; (5) Southeasterly on a 62 foot radius curve to the right, chord bears South 05°30'07" East 23.84 feet, a distance of 23.99 feet; (6) South 03°26'00" West 12.65 feet; and (7) South 30°00'00" East 27.00 feet to the point of beginning.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**

3052021158059		<b>CERTIFICATE OF DEATH</b>		3202130012969	
STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
VERL		RICH		O'BRIEN	
4. DATE OF BIRTH (month/day/year)					
12/19/1926					
5. AGE (Year)					
92					
6. SEX					
M					
7. DATE OF DEATH (month/day/year)					
08/17/2021					
8. HOUR (24 Hours)					
1500					
9. BIRTH STATE/FOREIGN COUNTRY					
UTAH					
10. SOCIAL SECURITY NUMBER					
[REDACTED]					
11. EVER IN U.S. ARMED FORCES? (If yes, see remarks on back)					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS (at time of death)					
WIDOWED					
13. EDUCATION - Highest Level (Degrees) (See remarks on back)					
BACHELOR					
14. DECEASED HISPANIC/LATINO? (If yes, see remarks on back)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
15. DECEASED'S RACE - Use to 6 race only by listed race treatment on back					
WHITE					
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
REAL ESTATE DEVELOPER					
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
REAL ESTATE					
18. YEARS IN OCCUPATION					
60					
19. DECEDENT'S RESIDENCE (Street and number, or location)					
3612 VIRGINIA WAY					
20. CITY					
SALT LAKE					
21. COUNTY/PROVINCE					
SALT LAKE					
22. ZIP CODE					
84109					
23. YEARS IN COUNTY					
42					
24. STATE/FOREIGN COUNTRY					
UTAH					
25. INFORMANT'S NAME, RELATIONSHIP					
SEAN M. O'BRIEN, SON					
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
2500 OLYMPUS DRIVE, SALT LAKE CITY, UT 84124					
27. NAME OF SURVIVING SPOUSE/PARENT - FIRST					
28. MIDDLE					
29. LAST (BIRTH NAME)					
30. BIRTH STATE					
31. NAME OF FATHER/PARENT - FIRST					
32. MIDDLE					
33. LAST (BIRTH NAME)					
34. BIRTH STATE					
35. NAME OF MOTHER/PARENT - FIRST					
36. MIDDLE					
37. LAST (BIRTH NAME)					
38. BIRTH STATE					
39. DEPOSITION DATE (month/day/year)					
08/25/2021					
40. PLACE OF FINAL DEPOSITION (Street and number, or location)					
WASATCH LAWN MEMORIAL PARK 3401 S. HIGHLAND DRIVE, MILLCREEK, UT 84106					
41. TYPE OF DEPOSITION(S)					
TR/BU					
42. SIGNATURE OF EMBALMER					
JOE HOPPER					
43. LICENSE NUMBER					
EMB8468					
44. NAME OF FUNERAL HOME/AGENT					
PACIFIC VIEW MORTUARY					
45. LICENSE NUMBER					
FD1176					
46. SIGNATURE OF LOCAL REGISTRAR					
CLAYTON CHAU, MD, PHD					
47. DATE (month/day/year)					
08/21/2021					
48. PLACE OF DEATH					
RESIDENCE/HOSPICE					
49. COUNTY					
ORANGE					
50. FACILITY ADDRESS (Street and number, or location)					
520 S. BAY FRONT					
51. CITY					
BALBOA ISLAND					
52. CAUSE OF DEATH (Final disease or condition resulting in death)					
LUNG CANCER					
53. UNDERLYING CAUSE (Final disease or condition resulting in death)					
PAROTID GLAND CANCER					
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52					
PAROTID GLAND CANCER					
55. NAME OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 54 (If yes, list type of operation and date)					
NO					
56. CERTIFY TIME TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE ENTERED					
57. SIGNATURE AND TITLE OF CLERK					
RICHARD DEE BRUMLEY M.D.					
58. LICENSE NUMBER					
G40582					
59. DATE (month/day/year)					
06/21/2021					
60. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE ENTERED					
61. TYPE OF DEATH (Natural, Accidental, Homicide, Pending Investigation, Could not be determined)					
62. INJURED AT WORK?					
63. INJURY DATE (month/day/year)					
64. HOUR (24 Hours)					
65. PLACE OF INJURY (e.g., home, construction site, railroad track, etc.)					
66. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
67. LOCATION OF INJURY (Street and number, or location, and city, and state)					
68. SIGNATURE OF CORONER / DEPUTY CORONER					
69. DATE (month/day/year)					
70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
71. STATE REGISTRY					
72. FAX AUTH#					
73. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }  
 COUNTY OF ORANGE } SS

DATE ISSUED June 28, 2021

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Clayton Chau, MD, PhD*

CLAYTON CHAU, MD, PHD  
 HEALTH OFFICER  
 ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

